Appendix 4

Appendix Contents

Note: Appendices in the *Idaho Special Education Manual* contain a variety of technical assistance information, including sample letters and forms, suggestions for dealing with special education issues, and copies of various laws. The appendices should be viewed as additional resources to Chapters 1-14 in the *Idaho Special Education Manual*. The district is *not required* to adopt as policy or procedure any of the appendices in this manual to receive IDEA funding.

Appendix 4A
ELIGIBILITY DETERMINATION PORTFOLIO
FOR
STUDENTS SUSPECTED OF HAVING AN EMOTIONAL DISTURBANCE

Student: _____   Date: _____ Grade: _____

Teacher: _____   School: _____

This portfolio organizes the data collection process, provides a system to monitor timelines, and ensures that regulatory requirements for eligibility determination are followed.

Once the evaluation team decides to pursue, as part of the comprehensive evaluation, a determination of eligibility under the category of emotional disturbance, the process contained in this portfolio *must* be followed. Written parental consent for the evaluation must be obtained before the evaluation.

I. **Attach documentation of the general education interventions including the length of time used and the results.**

II. **Document relevant social and medical history and attach. Once this is completed, note the following and proceed to III.**

   Verification: _____
   Date: _____
   By Whom: _____

III. **One or more of the following characteristics must be present and thoroughly documented. If none are present STOP here. If one or more are present, go to IV.**

   A. An inability to learn that cannot be explained by intellectual, sensory, or health factors

      Definition: Inability to learn means that the condition must significantly interfere with the ability to benefit from instruction. It does not necessarily mean a total inability to learn. Reduced intellect or sensory or health impairment cannot be the primary cause of the behavioral/emotional problem. It must be established that there is an inability to learn rather than an unwillingness to learn.

Data: #   IQ testing or clear evidence of at least average cognitive ability
               #   Vision and hearing screening
               #   Medical history
               #   Academic performance history and data on current academic
                    assessment

Verification: _____

               _____

               _____

B.   An inability to build or maintain satisfactory interpersonal relationships with peers and
     teachers

     Definition: Patterns and problems of interpersonal relationships that result in the
                   "inability to build or maintain" satisfactory relationships with peers,
                   teachers, and others are pervasive and are characterized by conflict and
                   chaos which create an inability to establish and maintain group
                   membership. This also includes individuals who are profoundly
                   withdrawn, have poor reality contact, or lack social skills but have the
                   ability to learn them. This inability does not refer to students who have
                   problems with a particular teacher or with one or more peers, nor does it
                   include students who have appropriate, satisfactory relationships with
                   peers in their subculture, yet violate community norms.

     Data: #   Observations, behavior scales
                   #   Personality inventories
                   #   Teacher and parent reports

     Verification: _____

                   _____

                   _____

C.   Inappropriate types of behavior or feelings under normal circumstances

     Definition: Students exhibit behavior that is incongruent to the situation or is highly
                   changeable. Behavior would include bizarre verbalization, overreaction,
                   repeated recitation of words, fetishes, and obsessive and compulsive
                   behaviors. Other actions may include inappropriate sexual behaviors such
                   as inappropriate touching of others, public masturbation, or unusual or
                   provocative sexual verbalization. Inappropriate feelings include negative
                   self-statements as well as feelings that are reflected in and inferred from
                   observable behavior. Documentation must be obtained that persistent and
                   significantly inappropriate feelings exist which are not justified by
                   circumstances.

Data: #   Observations, behavior rating scales
               #   Personality inventories
               #   Parent and teacher reports

Verification: _____

              _____

              _____

D.   A generally pervasive mood of unhappiness or depression

     Definition: Pervasive moods of unhappiness or depression may be manifested in
                   different ways in different students and may include constant crying,
                   withdrawal, boredom, and depression, as well as angry, aggressive, or
                   agitated behavior. Also included are eating and sleeping problems, loss of
                   interest in usual activities, as well as feelings of hopelessness. A desire to
                   die or an intent to commit suicide signifies extremely troubled students.
                   Feeling depressed about a death in the family or the divorce of parents is
                   situation specific and, for the most part, a normal feeling that tends to be
                   "resolvable" and not pervasive.

     Data: #   Observations, behavior rating scales
                    #   Personality inventories
                    #   Parent and teacher reports

     Verification: _____

                   _____

                   _____

E.   A tendency to develop physical symptoms or fears associated with personal or school
     problems

     Definition: Persistent physical symptoms are chronic, as opposed to acute reactions to
                   some situation at home or school, and must have a negative impact on
                   learning. They may include such reactions as headache, nausea, asthma,
                   ulcers, and colitis. Data needs to be obtained across settings and over time,
                   and medical evidence needs to be obtained to document that the problem
                   does not have a physical origin. Although school phobia or refusal meets
                   criteria for eligibility and certification as having an emotional disturbance,
                   placement would probably not be recommended. Other less restrictive
                   treatment interventions such as systematic desensitization are likely to
                   resolve the problem.

     Data: #   Observations, behavior rating scales
                    #   Personality inventory

                              #   Parent and teacher reports
           Verification:

F.   Schizophrenia

     Definition: The DSM-IV includes diagnostic criteria for schizophrenia. Students properly
                  diagnosed with schizophrenia automatically meet the characteristics and
                  conditions of the emotionally disturbed criteria. Such students are entitled to
                  services if they need special education or related services.

     Data: #   Documentation

     Verification:

IV. **The characteristics must also meet the following. IF BOTH A and B are not met, STOP
     here! If both are present, go to V.**

     A.   Long Period of Time (at least 6 months)

          Definition: When determining whether a student exhibits behavioral or emotional
                       problems over a long period of time, consider the following factors:

                       (1) Transitory situational problems that may be understandable, given the
                           nature of the circumstances. For example, a death in the family, divorce,
                           moving to a new school, financial crisis, or physical illness or injury may
                           produce transitory behavior changes. In general, this is a temporary period
                           of instability, bounded by times of greater stability.

                       (2) Nontransitory circumstances, where behavior changes do not return to the
                           adaptive state that existed prior to a precipitating event. Evidence of a
                           baseline of appropriate behavior prior to a significant (negative) change in
                           behavior is needed. Historical information is important in order to do this.

          Data: #   Written school documentation
                       #   Historical information

          Verification:

     B.   Marked Degree

Definition: A "marked degree" generally is concerned with pervasiveness and intensity of the characteristics. Data regarding duration, frequency, and intensity must be included in the observation reports. Results from standardized and/or norm-referenced personality inventories and other instruments are used to substantiate "to a marked degree," but are not the sole source of information.

Data: To determine if the behavior is exhibited "to a marked degree," answer the following questions. The data must be from more than one knowledgeable observer in more than one setting. (Use a separate piece of paper if necessary.)

(1) Is the behavior in question considered a significant problem by more than one observer and in more than one setting?

(2) What is the frequency, intensity, and duration of the behavior? Is the frequency, intensity, and duration significantly different from that of a similar student in the same or similar circumstances?

(3) In what setting does the behavior occur?

(4) Are there noticeable or predictable patterns to the behavior?

(5) How does the behavior affect others?

(6) Is the behavior identified as a concern by norm-referenced behavior measures?

V.   Adverse Effects on Educational Performance

Definition: There must be evidence of a demonstrable relationship between the student's behavior and decreased educational performance. Keep in mind that educational performance is not limited to academic performance, but may also include interactions with peers or teachers, participation in class activities, and classroom conduct.

Data: Answer the following questions and document with observations, class work, and testing results:

(1) Is educational performance substantially within the range expected of a student based on his or her chronological age?

(2) If the student is performing below academic expectations, is the probable cause emotional problems?

(3) Are the emotional problems affecting educational performance of the student to a greater degree than similar problems affect the performance of peers?

(4) Does the student achieve passing grades?

(5) Does the student maintain regular academic growth?

(6) Does the student demonstrate severe deficiencies in social skills or social competencies that obstruct learning?

(7) Is the student absent frequently? If so, how have grades been affected?

Appendix 4B
GUIDANCE FOR EVALUATING LIMITED ENGLISH PROFICIENT (LEP) STUDENTS
TO ESTABLISH SPECIAL EDUCATION ELIGIBILITY

Step 1:
Assess the student's proficiency in English and in the native language, if appropriate.

     If the student is in an LEP program:
- To assess English proficiency, use the Idaho English Language Assessment (IELA) score.

     If the student is **not** in an LEP program:
- Use the English Language Learner (ELL) Placement test (Idaho's LEP placement test) to assess English proficiency. If a student's scores merit placement in an LEP program, then parents must be notified.
- Other English Language Assessments, if needed before the IELA window each spring, may include assessments such as the MAC II, the IDEA Proficiency Test (IPT), or the updated Language Acquisition Scales (which is called the LAS Links).

Proficient in English: To be considered proficient in English, the student must attain a score at the highest level in all domains (i.e. an EF+ on the IELA, in addition to the highest overall level (i.e. a 5 on the IELA), regardless of what test is administered.

Caution: Use language proficiency scores, not language dominance, to determine the next appropriate steps.

Step 2:
Based on the proficiency score, select appropriate assessments.

    Scenario 1: The student scores "proficient" in English:
- o Use any of your usual standardized assessments such as WISC, WJ-R3, WIAT.

    Scenario 2: The student scores "proficient" in the native language (Spanish):
- o Use any standardized assessments in the native language (Spanish). Test administrator must be proficient in the student's native language and also must be trained to administer the assessment according to the standardized procedure.

    Scenario 3: If the student scores **less than proficient** in English:
- o No standardized assessments in English are appropriate.
- o Using scores from standardized assessments in English are prohibited.
- o Using scores from translated assessments are prohibited.

A student suspected of having a disability must *not* be denied special education until he or she becomes proficient in English. Therefore, use the following method to establish special education eligibility:

Response to Intervention (RTI)

1. **Intervention:** Begin a scientifically research based intervention immediately in the area of concern and continue for about 12 weeks, or long enough to determine the effect of the intervention, keeping data (graph or chart).
    - Define the problem in measurable terms.
    - Establish the student's baseline performance, i.e., correct words read per minute (cwpm) on a curriculum based measure (CBM).
    - Establish the target performance goal.
    - Implement the intervention with fidelity.
    - Monitor progress and adjust the intervention, if progress is not sufficient to meet the goal.

2. **Acquisition Rate**: Compare and document the student's progress to that of similar peers, i.e., same-culture, near same-age, with a similar history in American schools.
    Example: "In the ESL program, after 3 years of instruction, Student improved his English language skills to a 2, while other students in the class improved to a 4 or 5, with the average being 4.5.

3. **Resistance to scientifically research-based interventions:** Document how the student responds to the intervention, compared to similar peers (defined in #2).
    Example: Student received 90 minutes of reading instruction daily using Open Court. When he fell behind, the Title 1 teacher used the Open Court intervention module with him for an additional 30 min. per day for 3 weeks, but he continued to struggle, making fewer gains than other Hispanic students. The special education teacher gave him an additional 30 min. instruction per day for 4 weeks using the Open Court intensive intervention module in a small group and he began to make gains.

4. **Difference in academic performance compared to similar peers** (as defined above). Document two different measures that demonstrate discrepancy:
    Example:
    1) Using curriculum-based assessment, Student reads 50 correct words per minute (cwpm) while typical Hispanic peers read between 70-140 cwpm with the average student reading 100 cwpm. Therefore, Student is twice discrepant from similar peers (100 divided by 50 = 2) in cwpm.
    2) The student's ISAT score is two grade levels below typical peers.

Step 3:
Pull together all available data from numbers 1-4 above, plus a variety of information from various sources for an Eligibility Report that summarizes the information, *(significant resistance to general education interventions and a discrepancy from peers),* and provides a preponderance of evidence that supports the presence of a disability, states the adverse effect of the disability on the student's academic or functional performance, and describes the student's need for specially designed instruction. Include the intervention plan and all graphs to document interventions and their effect.

Appendix 4 C

RECOMMENDED PRACTICES AND PROCESS FOR ENSURING

CULTURALLY AND LINGUISTICALLY

APPROPRIATE EARLY CHILDHOOD EVALUATIONS

The following three practices should be included in an evaluation of a young child who is culturally and linguistically diverse:

1. **Gather pre-referral information.**

▪ Sociocultural context of the child's family, language dominance and proficiency of the parents, other caregivers or children the child interacts with on a regular basis.

▪ Comparison of the child's development to the developmental patterns of other children from similar background.

▪ Screening of the child's language proficiency (fluency and competency) and dominance (preference and proficiency at time of assessment), developmental levels in all domains including hearing and vision, and observations in the home and in an early childhood setting.

2. **Determine linguistic diversity.**

▪ For children who are bilingual, the degree of proficiency in both languages varies depending on when and how much they have been exposed to the languages.

▪ Information on the child's difficulty communicating effectively at home or in the cultural community, and the child's progress or lack of progress in learning English in comparison to peers who are also learning English should be documented.

▪ Consideration of the possibility of language loss or arrested language development due to the development of a second language.

3. **Select appropriate instruments and strategies.**

▪ An evaluation plan tailored to the specific cultural, linguistic, developmental characteristics of the child being evaluated. More emphasis put on use of informal methods, performance samples and observations.

▪ Adequate time for child to become accustomed to the social and linguistic environment of the early childhood setting.

▪ Multiple measures (interview, observation, etc.) used and gathered in a natural, comfortable and familiar environment, play or activity-based, and in a family-focused approach. Child's social, motor, and cognitive skills observed in nonlanguage-mediated situations.

- Multidisciplinary team should involve at least two or more people who know the child, and includes the family, at least one other person who speaks the child's language and is familiar with the culture, and if the child is bilingual, a person experienced in bilingual education.

- Use of appropriate and non-biased instruments, as indicated by the similarity of the norm sample to the child being assessed. Consider the particular dialect and culture of the norm group and child. Test items should be examined for cultural bias/appropriateness and modified as needed. If the modifications invalidate a score, the test can be used as a descriptive measure rather than for reporting scores. Reporting invalid scores on an Eligibility Report is prohibited.

- Formal testing may include an interpreter and/or cultural guide.

- Language proficiency should consist of a language background questionnaire by parents of caregivers, teacher and parent/caregiver interviews, and scores on both direct and indirect language measures, and use of systematic and quantifiable observation procedure.

- Assess in both native or primary language (L1) and the new or acquired language (L2).

- Assessment of vocabulary, grammar and the child's ability to use the language functionally with peers and adults both in school and at home.

The evaluation of a young child with cultural and linguistic diversity should be a process, not an instrument or something administered at a particular time.

Step 1: Making a Plan

Determine who, when, what and how all the needed information outline above will be collected.

Step 2: Collecting Information

Collect information in as simple and easy to use manner as possible. Choose procedures that yield meaningful and useful information.

Step 3: Create a Portfolio and Summary

Pull together data from a variety of sources and settings that best represents and summarizes the child's capabilities and challenges for an Eligibility Report and provides a preponderance of evidence that supports or negates the presence of a disability, the adverse effect of a disability on performance and the need for specially designed instruction.

References:

McLaughlin, B., Blanchard, A.G., Osanai, Y. (1995) *Assessing Language Development in Bilingual Preschool Children.* National Clearinghouse for Bilingual Education (NCBE), Washington, D.C.

Fowler, S.A., Santos, R. M., and. Corso R. M. (2005). *Culturally and Linguistically Appropriate Services*

Collection #1: Appropriate Screening, Assessment, and Family Information Gathering. Longmont, CO: Sopris West.

Head Start Bureau, Administration of Children, Youth & Families*,* U.S. Department of Health and Human Services (2005). *Head Start Bulletin: English Language Learners.* Washington, D.C.

National Association for Education of Young Children. (2005) *NAEYC Recommendations on Screening and Assessment of Young English Language Learners. Washington, D.C.*

Appendix 4D
COMPONENTS OF

RESPONSE TO INTERVENTION (RTI)

The reauthorization of the Individuals with Disabilities Education Act in 2004 (IDEA) focused national attention on a growing practice in the general education classroom – Response to Intervention (RTI) as a tool for assessing and providing high quality instruction to all struggling learners and to students at risk for academic failure. The RTI process is a multi-tiered approach to providing interventions to students who struggle with learning at increased levels of intensity based on progress monitoring and data analysis. It is proactive and responsive system that provides intervention based on the integration of all resources and shared expertise to more completely respond to student needs.

The RTI process has the potential to limit the amount of academic failure that any student experiences and to increase the accuracy of special education evaluations. This could also reduce the number of children who have been mistakenly identified as having learning disabilities when their learning problems are actually due to cultural differences or lack of adequate instruction. Information and data gathered by an RTI process can lead to early identification of children who have true disabilities and are in need of special education services.

Successful implementation of RTI requires a number of essential components that ensure high-quality instruction, careful monitoring and documenting of progress, and close collaboration between general education and special education.

Essential Components of an RTI model

1. High Quality, Research-Based Instruction

The first critical component of RTI is that it's essential that students receive research-based classroom instruction in the general education classroom implemented by the general education teacher.

2. Universal Screening

Universal screenings are given to ALL children three times a year beginning in mid-kindergarten and are used to pinpoint early academic difficulties. Procedures must identify which students are *proficient* in the target skill, which students are *developing* the skill (strategic), and which students are *deficient* in the skill (intensive). It is recommended that you develop "benchmark" data norms either from national norms or from the classroom, grade level, school, and district.

3. Problem Solving Teams

A Problem-Solving Team is a school-based group composed of various school personnel, such as teachers, counselors, school psychologist, and administrators, who meet to provide assistance to children who are having academic or behavioral difficulties in school. This team is responsible for implementing a problem-solving approach to identify and intervene in response to student's needs in the general education setting. Schools should involve parents at the earliest stages of RTI by explaining the process and providing written intervention plans and progress towards intervention goals.

The nature of problem-solving involves a systematic approach that reviews student strengths and weaknesses, identifies evidence-based instructional interventions, frequently collects data to monitor student progress, and evaluates the effectiveness of interventions implemented with the student. Problem-solving is a sequence of steps starting with defining and describing a problem using screening and diagnostic assessments; developing a plan by setting goals and generating potential solutions; and implementing, monitoring, and evaluating the effectiveness of the selected intervention.

4. Assessments

Assessment is the formal or informal process of systematically observing, gathering, and recording credible information to help answer evaluation questions and make decisions. There are three primary assessments used during the RTI process: screening, diagnostic, and progress monitoring. Screening assessments identify which students are at risk of academic failure and may need additional assessment. Diagnostic assessments give more in-depth information about the student's strengths, weaknesses, and a probable cause of the problem. By examining the results of diagnostic assessment, teachers can determine where to begin instruction and what concepts or skills to emphasize. Diagnostic assessments may include more traditional, standardized, or functional assessments. Progress monitoring assessments are conducted on a routine basis to monitor the adequacy of progress form the instructional interventions.

Assessment results should be strongly related to planning interventions. Assessments can be used to help teachers make decisions about changes to instructional strategies, judgments about student progress, and to determine where further instruction is necessary for individuals or groups.

5. Outcome Oriented Research-Based Interventions

When a student's progress indicates a difficulty, teachers should determine what scientifically, research-based interventions and instruction matches the student's need. . These interventions may include, for example, and intensive "double dose" or instruction or a different instructional method. Resources, curricula, and interventions must be available across the academic domains. Collaborative relationship between staff members is needed to develop, implement, and monitor the intervention with adequate amount of intensity and fidelity.

Written intervention plans should delineate:

- A description of the specific intervention being used (scientific, research-based intervention)

- The duration of the intervention (8-12 weeks, 30 minutes/day)

- The schedule and setting of the intervention

- The people who are responsible for implementing the intervention

- Measurable outcomes which can be used to make data-based adjustments as needed during the intervention process

- A description of the skill measurement and recording techniques

- A progress monitoring schedule (e.g. once/week) and results in quantitative data

6. Ongoing Progress Monitoring and Systematic Data-Based Decision Making

Progress is monitored towards an observable, measurable, and ambitious goal for 8-12 weeks. During this time, data can be collected from multiple methods of progress monitoring, such as curriculum-based, functional, or classroom assessments. The method of collecting this data must be reliable, valid, and include sufficient alternate forms and criteria needed for judging the adequacy of progress. The data and progress are graphed and viewed regularly. Data decision rules are used to evaluate the effectiveness of interventions and determine when modifications to interventions are needed.

To determine whether an intervention is effective and to make any modifications to it, teachers must frequently and continually monitor progress by collecting data. Data is regularly analyzed to make decisions regarding student progress toward measurable goals allowing for changes in strategies, methods, and interventions as needed. The data will provide a cumulative record of the student's response to the intervention. Your district (school) can review the data to determine whether a student is responding to the intervention. If not, then the student may be referred for special education services.

For resources on response to intervention, see appendix 3 on the Three Tier Model, in addition to that below.

The RTI Guide: Developing and Implementing a Model in Your Schools, McCook, John E. 2006, LRP Publications